

## APPLICATION FOR NOMINATION TO SERVICE ACADEMIES

NAME: \_\_\_\_\_  
*LAST FIRST MIDDLE*

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_ TEMPORARY ADDRESS (IF APPLICABLE): \_\_\_\_\_  
*STREET ADDRESS STREET ADDRESS*

\_\_\_\_\_  
*CITY COUNTY ZIP CODE CITY STATE ZIP CODE*

\_\_\_\_\_  
*PHONE PHONE*

IF APPLICABLE, DATE YOUR TEMPORARY ADDRESS IS VALID UNTIL: \_\_\_\_\_

NAME OF PARENTS OR GUARDIANS: \_\_\_\_\_

HIGH SCHOOL NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

CLASS SIZE: \_\_\_\_\_ CLASS RANK: \_\_\_\_\_ GRADE POINT AVERAGE: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_ ACT SCORES: ENGLISH \_\_\_\_\_ MATH \_\_\_\_\_

SAT SCORES: VERBAL \_\_\_\_\_ MATH \_\_\_\_\_

POST-SECONDARY SCHOOL ATTENDED (IF APPLICABLE): \_\_\_\_\_

MILITARY SERVICE (IF APPLICABLE): \_\_\_\_\_

PLEASE RANK THE ACADEMIES IN ORDER OF PREFERENCE (1 – 4):

AIR FORCE \_\_\_\_\_ ARMY \_\_\_\_\_ MERCHANT MARINE \_\_\_\_\_ NAVY \_\_\_\_\_